

cost of their care and recovery and lost wages and economic losses for the rest of their life. That's fair. That is reasonable. And that is necessary for us to have confidence in the medical system and in the judicial system.

Yet, for the sake of affordable and accessible health care in America, we must have a limit on what they call non-economic damages. And I propose a cap of \$250,000. Otherwise, if not, excessive jury awards, like those in Pennsylvania, and those I was just—one was just described to me—today a guy held up a full-page ad in your newspaper paid for by the excessive jury award. [Laughter] Excessive jury awards will continue to drive up insurance costs, will put good doctors out of business or run them out of your community, and will hurt communities like Scranton, Pennsylvania. That's a fact. And that's why we need a cap on non-economic damages, and that's why we need a cap on punitive damages as well.

As I mentioned to you—and it's important for our citizens to understand—it is the fear of unlimited non-economic damages and punitive damages that cause docs and the insurance carriers to unnecessarily settle these cases. See, you can pretty well blackmail a doctor into settlement if you continue to throw lawsuit after lawsuit, and the system looks like a giant lottery. [Applause] Thank you.

There needs to be other reforms as well. A lot of times, these lawyers will sue everybody in sight in order to try to get something. In cases where more than one person is responsible for a patient's injuries, we need to assign blame fairly. We need joint and several liability reform in our medical liability system.

We need to make sure that doctors can take care of their patients without fear that their advice will be used against them some day. It's hard to believe a system—you hear a lot about the doctor-patient relationship. It's an incredibly important relationship, in order to make sure we have a health care system that functions well. And yet imagine

a system where docs can't share information amongst each other, much less talk to your patient, for fear that what they say will be used them in court one day.

The system is not balanced, if that's the case. The system is not fair. The system doesn't need to have a relationship with the doc and the patient for fear of what is said will be used by a lawyer to sue them. That's why we need these reforms, for the good of the country.

We got the bill passed out of the House, thanks to Jim and the members of the delegation here. And I want to thank you for your leadership and your vote. And the Senate didn't act on it, so we've got to start over. And I'm ready to start over.

And the time is getting worse. That's what people have got to understand up there in Washington—or over there in Washington—down there in Washington—whatever. [Laughter] Thought I was in Crawford for a minute. [Laughter]

And this is—I repeat, this is a national problem, and we just cannot allow a bunch of needless partisanship to prevent a good, solid solution from going forward. And let me say one other thing. This problem won't be solved by just throwing money at the problem. This problem will be solved by getting at the source of the problem, which are the frivolous lawsuits.

If you're looking for solutions in Pennsylvania, look at States which have done a good job of helping the patient out. California is one example. More than 25 years ago, they passed a law that caps damages from malpractice suits. And the law has worked.

Let me tell you a startling statistic. Reports from Philadelphia say that juries there have awarded more in malpractice damages than the entire State of California did over the last 3 years. That says two things: California's law is what people in your state-house ought to look at, and you've got a problem in Pennsylvania.

There was a good news story in Mississippi. I went down there and—it wasn't